

Post-PET Suspected Cancer Form

National Oncologic PET Registry

Facility ID #: _____
 Registry Case Number: _____
 Patient Name: _____

This information will be filled in by
 the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

You previously indicated that the PET scan was done for assessing **whether a suspicious lesion is cancer.**

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Has a tissue biopsy been performed of a suspicious site? Yes No
2. Did the PET scan enable you to avoid any tests or procedures? Yes No
3. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must check only one*)

Observation (with close follow-up)

Additional Imaging (CT, MRI) or other non-invasive diagnostic tests

Tissue Biopsy (surgical, percutaneous, or endoscopic).

Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.

Treatment (if treatment is selected, then also complete the following)

Treatment Goal: (*check one*) Curative Palliative

Type(s): (*all that apply*) Surgical Chemotherapy (including biologic modifiers)

Radiation Other Supportive care

Will treatment be directly provided by you? (*check one*) Yes No

4. I have read the Referring Physician Information Statement and:

I Do give my consent for the inclusion of data collected for this patient in NOPR research.

I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.

5. Name of person who completed the paper form:

First Name: _____ Last Name: _____ Date: _____

Post-PET *Unknown Primary Tumor/Paraneoplastic Syndrome* Form National Oncologic PET Registry

Facility ID #: _____
Registry Case Number: _____
Patient Name: _____

This information will be filled in by
the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

You previously indicated that the PET scan was done for assessing ***a metastatic cancer of unknown primary origin/a suspected paraneoplastic syndrome***. (auto fill reason from Pre-PET Form)

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Was a suspected primary cancer site identified? Yes No

2. Was a tissue biopsy or surgical excision performed of a suspected primary? Yes No

3. Did the PET scan enable you to avoid any tests or procedures? Yes No

4. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must check only one*)

Observation (with close follow-up)

Additional Imaging (CT, MRI) or other non-invasive diagnostic tests

Tissue Biopsy (surgical, percutaneous, or endoscopic).

Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.

Treatment (if treatment is selected, then also complete the following)

Treatment Goal: (*check one*) Curative Palliative

Type(s): (*all that apply*) Surgical Chemotherapy (including biologic modifiers)

Radiation Other Supportive care

Will treatment be directly provided by you? (*check one*) Yes No

5. I have read the Referring Physician Information Statement and:

I Do give my consent for the inclusion of data collected for this patient in NOPR research.

I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.

6. Name of person who completed the paper form:

First Name: _____ Last Name: _____ Date: _____

Post-PET Initial Staging Form
National Oncologic PET Registry

Facility ID #: _____
 Registry Case Number: _____
 Patient Name: _____

This information will be filled in by
 the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **initial staging of (cancer type)** (auto fill cancer type from Pre-PET Form).

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Compared to your Pre-PET assessment, your impression of the extent of the patient's cancer is? (*check one*)
 - More extensive
 - No change
 - Less extensive
2. Did the PET scan, show evidence of cancer activity that was not previously documented?
 - Yes No
 - a. If yes, is some type of tissue biopsy planned of the area? Yes No
3. Are any more tests or imaging or biopsies planned before starting treatment? Yes No
4. Did the PET scan enable you to avoid any tests or procedures? Yes No
5. Your Post-PET working clinical summary staging is? (*you must check only one*)
 - No evidence of disease / In remission
 - Localized only
 - Regional by direct extension or lymph node involvement or both
 - Metastatic (distant) with a single suspected site
 - Metastatic (distant) with multiple suspected sites
 - Unknown or uncertain
6. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must choose only one*)
 - Observation** (with close follow-up)
 - Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
 - Tissue Biopsy** (surgical, percutaneous, or endoscopic).
 Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.
 - Treatment** (if treatment is selected, then also complete the following)
 - Treatment Goal:** (*check one*) Curative Palliative
 - Type(s):** (*all that apply*) Surgical Chemotherapy (including biologic modifiers)
 - Radiation Other Supportive care
 - Will treatment be directly provided by you?** (*check one*) Yes No
- 7.. I have read the Referring Physician Information Statement and:
 - I Do give my consent for the inclusion of data collected for this patient in NOPR research.
 - I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.
8. Name of person who completed the paper form:

First Name: _____ Last Name: _____ Date: _____

Post-PET Restaging Cancer Form

National Oncologic PET Registry

Facility ID #: _____
 Registry Case Number: _____
 Patient Name: _____

This information will be filled in by
 the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **restaging of (cancer type)**. (auto fill cancer type from Pre-PET Form).

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Compared to your Pre-PET assessment, your impression of the overall extent of disease is? (*choose one*)
 - More extensive
 - No change
 - Less extensive
2. Did the PET scan show evidence of cancer activity that was not previously documented?
 - Yes No
 - a. If yes, is some type of tissue biopsy planned of the area? Yes No
3. Your Post-PET working clinical staging is: (select *only one*)
 - No evidence of disease / In remission
 - Low probability of local recurrence (including regional lymph nodes) or metastases
 - Local recurrence (including regional lymph nodes)
 - Metastatic disease with single site
 - Metastatic disease with multiple sites
4. Did the PET scan enable you to avoid more tests or procedures? Yes No
5. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must check only one*)

Goal: (*check one*) Curative Palliative

Type(s): (*all that apply*) Surgical Chemotherapy (including biologic modifiers)
 Radiation Other Supportive care

Will treatment be directly provided by you? (*check one*) Yes No
6. I have read the Referring Physician Information Statement and:
 - I Do give my consent for the inclusion of data collected for this patient in NOPR research.
 - I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.
7. Name of person who completed the paper form:
 First Name: _____ Last Name: _____ Date: _____

Post-PET Suspected Cancer Recurrence Form

National Oncologic PET Registry

Facility ID #: _____
 Registry Case Number: _____
 Patient Name: _____

This information will be filled in by
 the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **a suspected recurrence of (cancer type)**. (auto fill cancer type from Pre-PET Form).

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. Compared to your Pre-PET assessment, your impression of the overall extent of disease is: (*choose one*)
- More extensive
 - No change
 - Less extensive

2. Did the PET scan show evidence of cancer activity that was not previously documented?

Yes No

If yes, is some type of tissue biopsy planned of the area?

Yes No

3. Your Post-PET working clinical summary staging is: (*select only one*)

- No evidence of disease / In remission
- Low probability of local recurrence (including regional lymph nodes) or metastases
- Local recurrence (including regional lymph nodes)
- Metastatic disease with single site
- Metastatic disease with multiple sites

4. Did the PET scan enable you to avoid more tests or procedures? Yes No

5. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must check only one*)

Observation (with close follow-up)

Additional Imaging (CT, MRI) or other non-invasive diagnostic tests

Tissue Biopsy (surgical, percutaneous, or endoscopic).

Note: If concurrent biopsy and total surgical resection are planned, then mark "surgical" treatment listed below.

Treatment (if treatment is selected, then also complete the following)

Treatment Goal: (*check one*) Curative Palliative

Type(s): (*all that apply*) Surgical Chemotherapy (including biologic modifiers)

Radiation Other Supportive care

Will treatment be directly provided by you? (*check one*) Yes No

6. I have read the Referring Physician Information Statement and:

I Do give my consent for the inclusion of data collected for this patient in NOPR research.

I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.

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Post-PET Treatment Monitoring Form**National Oncologic PET Registry**

Facility ID #: _____
 Registry Case Number: _____
 Patient Name: _____

This information will be filled in by
 the database on the E-mailed form.

Your patient had a PET scan on: mm/dd/yyyy.

The PET scan was done for **treatment response monitoring of (cancer type) to chemo/radiation/or other therapy** (auto fill from Pre-PET data form the cancer type and treatment type).

- A copy of the PET report is attached for your convenience.
- After reviewing the report, please complete the following questions and return the form to the PET Facility.
- This form must be entered into the database within 30 days of the PET scan.

1. In light of the PET findings, which of the following management strategies are you now planning or have you already undertaken? (*you must check only one*)
 - Observation** (with close follow-up)
 - Additional Imaging** (CT, MRI) or other non-invasive diagnostic tests
 - Tissue Biopsy** (surgical, percutaneous, or endoscopic).
Note: If concurrent biopsy and total surgical resection are planned, then mark “surgical” treatment listed below.
 - Treatment** (if treatment is selected, then also complete the following)
 - Treatment Goal:** (*check one*) Curative Palliative
 - Type(s):** (*all that apply*) Surgical Chemotherapy (including biologic modifiers)
 Radiation Other Supportive care
 - Will treatment be directly provided by you?** (*check one*) Yes No
2. If treatment was selected above, please indicate if and how you will modify your therapeutic plan in light of the PET findings. (*you must check only one*)
 - Adjust the dose or duration of therapy
 - Switch to another therapy
 - No change in therapy
 - Not applicable – “Treatment” was not selected in question #1 above
3. If PET were not available, would you have done some type of alternative assessment at this time?
 - Yes No
4. Did the PET scan enable you to avoid more tests or procedures? Yes No
5. In light of the PET results, how has the prognosis for your patient changed? (*check one*)
 - Better No change Worse
6. I have read the Referring Physician Information Statement and:
 - I Do give my consent for the inclusion of data collected for this patient in NOPR research.
 - I DO NOT give my consent for the inclusion of data collected for this patient in NOPR research.
7. Name of person who completed the paper form:

First Name: _____ Last Name: _____ Date: _____